SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. DEP. OEP. IND. DEP. IND. DEP. IND. IND. DEP. Ī TOTAL IND. TOTAL IND. _1 _1 **_1** TOTAL DEP. TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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